Time Certification

Complete 1 Time Certification for each employee funded through EMPG.

To: Montana Disaster and Emergency Services

Subject: FY26 Emergency Management Performance Grant (EMPG) Time Certification

County or Tribe:_____

Employee Name:_____

Position or Title:_____

I am a County/Tribal employee scheduled to work _____ hours per week as verified by my signature for the current grant cycle (July 1 – June 30).

Please provide the following information:

I intend to spend _____ hours per week on eligible EMPG activities.

I intend to spend _____ hours per week on other federal funded duties (example: PHEP). If applicable, please specify the additional federal source: _____.

I intend to spend _____ hours per week on other federal funded duties.

Date:_____

Employee Signature:_____

I concur:

Supervisor Name:_____

Supervisor Signature:_____